| _Unds   | + the Paner                                    | ark Rođu    | ction Act of 192                           | S. DO DESCORE   | m mindless  | U.S. Permit             | and Tr      | Applicat                 | U display              | ARTHUR<br>ARTHUR<br>ARTHUR<br>Sker Nur<br>567,5 | of OMB of NT OF COMB combod | MERCE<br>Dumber        |
|---|--|-------------|--|-----------------|---|-------------------------|-------------|--------------------------|------------------------|---|-----------------------------|------------------------|
| PA  | TENT A   | PPLI(       | ATIONE                                     |                 |   |                         |             |                          |                        | OT  | HER THAN                    | · ·                    |
|   |  |             |  | ma 1)           |   | (Column 7) NUMBER EXTRA |             | SMALL ENTITY  RATE   FEE |                        | _   |                             | TEE .                  |
| OR  |  | NUMBER FLED |  | NONDE           |   | No.                     |             | 375                      | OR S                   | 5   |                             |                        |
| BASIC FEE<br>OT GR I.IKO)                           |  |             | 13 pims 20:                                |                 | = 0   |                         | <b>当</b>    | s_0_=                    |                        | OR X  | 5                           |                        |
| TOTAL CLAIMS OF CLIEBS INDEPENDENT CLAIMS OF CREAMS |  |             | 2 minus 3                                  |                 | •   | - 0                     |             | 0 -                      | 0                      | OR I  | = -                         |                        |
| MUL:  | TIPLE DEPL                                     |             | CLAIM PRESE                                |                 | R 1.16(d)   |                         | L           | TOTAL                    | 375                    |   | TATOTAL _                   | 0                      |
| n n n e d   | HUPHOOD IN CO.                                 |             |  | AS AMEN         | DBD - PART  | (Coheno 3)              |             | SMALL ENT                | ΉY                     | OR S  | THER TH                     | IIIY                   |
| AMENDMENT A   |  | RE          | CLAIMS<br>MAINING<br>AFTER<br>ENDMENT      |                 | HIGHRST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA        |             | 1 -                      | NDDI-<br>IONAL<br>FEE  | OR:   | RATE 1                      | ADDI-<br>HONAL<br>FRE  |
|   | Total  | *           | 21   | Minus           | •• 20   | - 1                     | 41          | × 5                      | 25                     | OR  | .5                          | <del>-</del> _         |
|   | Independen                                     | nt *        | 3  | Minus           | 3   | = 0                     | 41          | * — =<br>+ =             | 0                      | OR<br>OR  | +=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPARTMENT COMM |             |  |                 |   |                         | ا لـــ<br>۱ | TOTAL<br>DDIT. FEE       | 25                     | OR  | TOTAL<br>DDIT. FEE          | 0                      |
| AMENDMENT B   |  | 261         | (Column 1)  CLAIMS EMAINING AFTER MENDMENT |                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA        |             |                          | addi-<br>tional<br>fee | OR  | RATE                        | ADDI-<br>TIONAL<br>FEE |
|   | Total<br>or contin                             | # A         | 12   | Mione           | ** 21   | =                       | 4           | x 5=                     | 0                      | OR  | ×3                          | 1                      |
|   | Independ                                       | eoi •       | 2  | Minus           | 3   |                         |             | *                        | <u> </u>               | OR<br>OR  | +                           |                        |
|   |  |             | TATION OF MULTIPLE DE                      |                 | PENDENT CLAI  |                         |             | TOTAL<br>ADDIT. FEE      | 0                      | -1 ~  | TOTAL                       | 0                      |
| AMENDMENT C   | 128  | 103         | (Column 1)                                 |                 | (Column 7)  | (Catuma 3)              |             | ,                        | ADDI-                  | 7   |                             | ADDI-                  |
|   |  | 2 6 7       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN   | 1000000         | NUMBER<br>PREVIOUS<br>PAID FOR  | LY EXTRA                |             | RATE                     | TIONA                  | OR  | RATE                        | TIONAL                 |
|   | Total  | 16(*))      | :21  | Missus          | - 21  | =                       |             | x 5=                     | -                      | OF<br>OF  | , × S                       |                        |
|   | Indeper  | 70(0))      | 3<br>ENTATION OF                           | MULTURES T      | SEPUNDENT CLA   | IM 02 CPR 1.16C         | (A)         |                          |                        | Ò   | R +                         | <u> </u>               |
| +   |  | in colur    | on I is less than                          | the entry in on | huma 2, write "0" i<br>HIS SPACE is less<br>HIS SPACE is less<br>or Independent) is | n columna 3.            | ۳.          | ADDIT. FE                | <u> </u>               | ام لـــ   | ADON. FE                    |                        |

The Human cumber reviews year to take U.I four to complete. Time will vary depending upon the hards of the full visibal case.

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Any commerce on the amount of time you are required to complete the form should be seen to the Chief information Officer, U.S. Peters and Truckment and

PAGE 3/11 \* RCVD AT 4/28/2005 3:07:51 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/11 \* DNIS:8729306 \* CSID:613 230 6706 \* DURATION (mm-ss):03-12